

DEPARTMENT OF HEALTH SERVICES

14/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320



September 18, 1989
Letter No.: 89-76

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP)
MEDI-CAL ELIGIBILITY PROBLEM REPORT FORM

This letter provides the counties with background information on the development of the Medi-Cal Eligibility Problem Report Form (attached) which was sent to Comprehensive Perinatal Services Program providers on March 30, 1989.

Over the last year, California made a major commitment to increase the number of healthy pregnancies and births. Studies have shown that early and frequent prenatal care directly correlates with healthy pregnancies and births. Recent legislation (SB 175 and SB 2579) made changes to Medi-Cal eligibility requirements in order to increase the number of pregnant women covered by Medi-Cal. Concurrently, attention has been focused on recruiting and retaining providers who will treat pregnant Medi-Cal beneficiaries. Reimbursement rates, for example, have increased 18 percent for non-Cesarean deliveries effective January 1, 1989. Procedures to expeditiously resolve provider billing problems have also been instituted.

In addition, the Department of Health Services (DHS) meets regularly with providers to coordinate the exchange of information and resolution of problems. DHS has established a task force composed of staff from various Departmental divisions to address those problems which, according to providers, are barriers to bringing pregnant women into the Medi-Cal system. Several CPSP providers have expressed concerns to the Department about difficulties women have experienced during the Medi-Cal application process. In order to accurately determine the scope and causes of these problems, the Department agreed to develop the Medi-Cal Eligibility Problem Report Form. This form was devised, therefore, to give CPSP providers a mechanism to document and request resolution of specific problems encountered by pregnant women during the Medi-Cal application process. Additionally, it provides a way for the Department to identify problem areas which may need to be addressed by new procedures or training. The form is not and was not intended to record county performance. We plan to address areas that are identified by this form at the regular meetings held by the counties (County Welfare Director's meetings, Southern counties bimonthly meetings, etc.). As part of the procedures for use of this form, CPSP providers will first work with the eligibility worker and the eligibility worker supervisor to resolve difficulties locally. Of course, counties must continue to follow their regular confidentiality procedures when working with providers. This includes obtaining a signed release form from the applicant prior to releasing any confidential information. The Applicant's Authorization for Release of Information (ABCDM 228) form may be used for this purpose. Only if the

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All County Administrative Officers
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problem can not be resolved at the local level will the Medi-Cal Eligibility Problem Report Form be used.

If you have any questions regarding this letter, please contact Sue Jackson at (916) 322-5298, ATSS 492-5298.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: September 18, 1990

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 323-8662



March 30, 1989

TO: COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP) PROVIDERS

SUBJECT: MEDI-CAL ELIGIBILITY PROBLEM REPORT FORM

The purpose of this letter is to provide you with a copy of the Medi-Cal Eligibility Problem Report Form. The form is intended to help resolve any problem that occurs during the process of a woman filing an application for Medi-Cal.

Recent legislation, SB 175 and SB 2579, has created a number of changes in Medi-Cal eligibility policy related to perinatal care. SB 175 became effective October 1, 1988, and allows Medi-Cal coverage for pregnancy-related services for women who are undocumented or IRCA eligible. SB 2579 provides Medi-Cal eligibility to pregnant women and infants whose family incomes are up to and including 185% of the federal poverty level. The implementation date for SB 2579 is targeted for July 1, 1989.

The Medi-Cal Eligibility Branch (MEB) and the Maternal and Child Health Branch (MCH) are committed to assist with the Medi-Cal eligibility process and have developed the following list of steps to take to facilitate the Medi-Cal application process. In the event a problem occurs during the Medi-Cal eligibility application process, CPSP providers are advised to take the following steps to resolve the problem:

1. The CPSP provider and the client should work first with the eligibility worker and the eligibility supervisor in the Welfare Department.
2. If no resolution of the problem is achieved, the CPSP provider should then fill out a Medi-Cal Eligibility Problem Report Form. A copy of this form is attached. The completed form should be sent to:

Medi-Cal Perinatal Services Coordinator
Medi-Cal Eligibility Branch
California Department of Health Services
714 P Street, Room 1650
Sacramento, California 95814

The completed Medi-Cal Eligibility Problem Report Form will be used by the MEB to resolve the specific problem documented on the form.

Comprehensive Perinatal Services Program
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We appreciate your active participation in facilitating the Medi-Cal application process for your clients. We hope the attached materials will be helpful. Should you have any questions, please contact Rosa Lee Black at (916) 323-8662

Sincerely,
Original signed by

Janet Wilson, for
Elisabeth H. Lyman, Acting Chief
Maternal and Child Health Branch

Original signed by

Attachments

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

MEDI-CAL ELIGIBILITY PROBLEM REPORT FORM

This form may be used to document information concerning any problems that occur during the process of a woman applying for Medi-Cal.

* * * * *

Provider Name: _____ Telephone () _____

Address: _____

Name of staff person making report: _____

County and address of Medi-Cal eligibility office where problem occurred:

Name of Medi-Cal eligibility worker: _____ Telephone _____

Name of Medi-Cal supervisor: _____ Telephone _____

* * * * *

1. Describe the problem. (Date the problem occurred and purpose of the contact. What did the client ask for?)

2. What was the eligibility worker's response?

**APPLICANT'S AUTHORIZATION
FOR RELEASE OF INFORMATION**

(AGENCY OR INDIVIDUAL FROM WHOM INFORMATION IS REQUESTED)

To:

I, _____, RESIDING AT _____

, HEREBY AUTHORIZE YOU TO RELEASE TO THE

SPECIFIC

(NAME OF AGENCY, INSTITUTION, INDIVIDUAL PROVIDER)

INFORMATION REQUESTED BY THIS AGENCY WHICH I CANNOT PROVIDE CONCERNING _____

THIS INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSE _____

THIS FORM WAS COMPLETED IN ITS ENTIRETY AND WAS READ BY ME (OR READ TO ME) PRIOR TO SIGNING.

SIGNATURE OF APPLICANT

DATE

BIRTHPLACE

BIRTHDATE

MAIDEN NAME OF MOTHER

SIGNATURE OR NAME OF SPOUSE

DATE

BIRTHPLACE OF SPOUSE

BIRTHDATE OF SPOUSE

MAIDEN NAME OF SPOUSE'S MOTHER

3. What was the supervisor's response?

4. What were the next steps taken by the client or the provider of care?
What was the result of this next step?

5. Describe other aspects of the interaction you think are relevant.

* * * * *

This completed form may be submitted to:

Medi-Cal Perinatal Services Coordinator
Medi-Cal Eligibility Branch
California Department of Health Services
714 P Street, Room 1650
Sacramento, California 95814

Telephone (916) 445-1912